MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/ 5/87141 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CT ATMC

CLAIMS														
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS F	ILED	AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
-	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.
2	+	 					l	51						
3	 	 					!	52 53						
4						<u> </u>	i l	54						
5			•				1 i	55						
6	-	9]	56						
7 \^8	 	2					i	57						
9	 	1					1	58 59						
10								60						
11								61	77		·			
12								62						
13	 							63						
15	 							64						
16	—	\vdash						65 66						
17								67						
18								68						
19								69						
20 21	1							70						
22		-						71						
23							ł	72 73						
24				**********			ŀ	74						
25								75						
26								76						
27 28								77						
29	- , 						-	78						
30							-	79 80				· · · ·		
31							ŀ	81						
32							į	82				-		
33		3						83						
34 35		2						84						
36		2		I-			ŀ	85 86						
37	1							87						<u>.</u>
38		1 3					· · · · · · · · · · · · · · · · · · ·	88						
39							1	89						
40		2 2					Ĺ	90						
42		2					- 1	91						
43							1	92		—— 	∤			
44							ŀ	94		┈╂				
45							r	95		1				
46								96						
47 48								97						
49							- 1	98						
50							-	99 100						
LATOT	ci i			-			H	TOTAL		1				
IND. FOTAL	4	Y		*		*	L	IND.		₩ [♣		♣
DEP.	4a	+	•	-		(TOTAL DEP.		4		+ [4
TOTAL LAIMS	46			7.7				TOTAL CLAIMS						. 3
TO - 1360	(REV. 11/04)		18.50	0.00			L		U	S. DEPART	MENT of CO	MMERCE		C. Line
									P	atent and Tra	demark Offic	te		